



Provider Communication

Subject: Pharmacy: January 4, 2010 Update	Priority: High
Date: January 11, 2010	Message ID: ACSBNR01112010_4

Dear Providers,

System Downtime:

The SXC claims processing system will be unavailable due to planned maintenance on Wednesday, January 6th, between 2:00-4:00 a.m. EST. Claims needing to be submitted during these periods should be held until the maintenance is completed. Georgia Medicaid apologizes for any inconvenience this downtime may cause.

GMAC Changes:

Please be aware of changes to the GA Maximum Allowable Cost (GMAC) list that will become effective January 1, 2010. These changes are posted online under www.ghp.georgia.gov → Provider Information → Pharmacy Overview → View Full Text → Georgia Maximum Allowable Cost List (GMAC) → January 2010 GMAC Listing.

Covered Insulin Syringes & Pen Needles Product List:

For a complete and current list of covered insulin syringes and pen needles (including applicable Georgia Maximum Allowable Cost (GMAC) prices) please refer to www.ghp.georgia.gov → Provider Information → Pharmacy Services Overview → View Full Text → Other Pharmacy Documents → Covered Insulin Syringes and Pen Needles.

Prevacid[®] 24hr Over The Counter (OTC)

Prevacid[®] 24HR OTC is not covered by the Georgia Medicaid Fee-for-Service (FFS) Program

Labeler Information:

The participating status of the labeler listed below will be effective as indicated for the Medicaid Fee-For-Service Drug Rebate Program:

New Labeler		
Labeler Code	Labeler Name	Effective Date
48102	FERA PHARMACEUTICALS LLC.	04/01/2010

Corporate Offices of Chain Pharmacies: Please share this information with appropriate staff and provide it to each store in your chain that serves Georgia Medicaid Fee-for-Service Members.

Coverage Changes In Prevacid® – Effective 01/01/2010

Starting January 1st, 2010, Prevacid® (lansoprazole) capsules will no longer have preferred status on the Preferred Drug List (PDL) for Georgia Medicaid Fee-for-Service (FFS) Members. Both Nexium® (esomeprazole) and Kapidex® (dexlansoprazole) are preferred agents for GA Medicaid FFS Members.

For a complete listing of the Preferred Drug List (PDL), go to www.dch.georgia.gov/pharmacy and select the “Preferred Drug Lists” option. Prior Authorization (PA) requests should continue to be directed to the SXC Clinical Call Center at 1-866-525-5827.

Rescission Of Medicare Enrollment Requirement

Effective December 1, 2009, the Georgia Medicaid Fee-for-Service Outpatient Pharmacy Program will no longer require outpatient pharmacies seeking Medicaid enrollment to provide a Medicare DMEPOS provider number. Enrollment into Outpatient Pharmacy Services no longer requires proof of Medicare DMEPOS provider enrollment.

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Brand Preferred Products – Exceptions To The ‘Generics Are Preferred And Mandatory’ Policy			
Preferred (Brand)	Non-Preferred (Generic)	Preferred (Brand)	Non-Preferred (Generic)
Adderall XR	amphetamine salt combination SR	Ortho-Novum 7/7/7*	nortrel 7/7/7, necon 7/7/7 generic (norethindrone-ethinyl estradiol 0.5-35/0.75-35/1-35 mg-mcg)*
Alkeran	melphalan	Ortho Tri-cyclen Lo	tri-lo sprintec
Altace caps	ramipril caps	Paxil CR	paroxetine SR

Augmentin susp. 250/5ml*	amoxicillin/clavulanate susp. 250/5ml*	PhosLo	calcium acetate caps
Benzaclin gel 1-5%*	clindamycin phosphate-benzoyl peroxide 1-5%*	Prograf*	tacrolimus*
Catapres TTS patch*	clonidine patch*	Proscar	finasteride
Corzide	nadolol/bendroflumethiazide	Pulmicort inhalation susp	budesonide inhalation susp.
Cosopt ophth. soln.	dorzolamide-timolol ophth. soln.	Razadyne/Razadyne ER	galantamine/galantamine er
Cytomel	liothyronine	Seromycin	cycloserine
Depakote DR/sprinkles	divalproex DR/sprinkles	Starlix*	nateglinide*
Diamox	acetazolamide	Tobradex ophth. susp.	tobramycin-dexamethasone ophth. susp.
Dovonex soln.	calcipotriene soln.	Topamax sprinkles	topiramate sprinkles
Duragesic	fentanyl patches	Trusopt ophth. soln.	dorzolamide ophth. soln.
Floxin otic	ofloxacin otic	Urso tabs	ursodiol tabs
Kenalog-10,-40 inj.	triamcinolone acetonide inj 10mg/ml, 40mg/ml	Vesanoid	tretinoin caps
Lopressor HCT	metoprolol/HCTZ	Vibramycin oral susp.	doxycycline oral susp.
Loprox gel	ciclopirox gel	Wellbutrin XL 150mg	bupropion/budeprion XL 150mg
Lotrel	amlodipine/benazepril	Zosyn 4-0.5GM*	piperacillin sodium-tazobactam sodium 4-0.5GM*
Marinol	dronabinol	*new additions to list	

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Non-Preferred Brands And Generics			
Non-Preferred (Brand)+	Non-Preferred (Generic)+	Non-Preferred (Brand)+	Non-Preferred (Generic)+
Aceon**	perindopril**	Neobenz	Pacnex (benzoyl peroxide)

Actiq	fentanyl citrate	Nasarel	flunisolide
Activella	estradiol/norethindrone	Oxycontin	oxycodone ER
Adoxa/Monodox	doxycycline monohydrate	Precare	Vinate C
Clozaril	clozapine	Prevacid**	lansoprazole**
Colazal	balsalazide	Prilosec	omeprazole
Duoneb	ipratropium/albuterol neb.	Protonix	pantoprazole
Fibricor**	fenofibric acid**	Sarafem	selfemra
Inspira	eplerenone	Solodyn	minocycline SR
Iopidine 0.5%**^	apraclonidine 0.5%**^	Sular	nisoldipine
Isopto Carpine	pilocarpine ophth.	Ultralytic 2	Uramaxin 2% foam
Kytril	granisetron	Uramaxin gel 45%**	urea nail gel 45%**
Lamictal kits (immediate-release)**	lamotrigine kits (immediate-release)**	Voltaren ophth. soln.^	diclofenac ophth. soln.^
Lofibra	fenofibrate	Xopenex neb 1.25/0.5**^	levalbuterol neb 1.25/0.5**^
Mobic	meloxicam susp.*	Yasmin	ocella
<p>^If a PA is authorized, the brand product is preferred.</p> <p>*meloxicam tabs are preferred</p> <p>**new additions to list</p> <p>+In general, PA is required for most Non-Preferred Brands and Non-Preferred Generics.</p>			

Please share all of this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia.

We thank you for your continued service and participation in the Georgia Medicaid & PeachCare for Kids Programs.

Division of Medical Assistance
Pharmacy Services Unit
404-656-4044